

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29757** (4)

1. Corporation Name

PINELLAS TRAILS, INC.

Principal Place of Business

1100 CLEVELAND ST 900B - CLEARWATER FL 34615

Mailing Address

1100 CLEVELAND ST 900B CLEARWATER FL 34615
P.O. Box 356
Clearwater FL 33757-0356

2. Principal Place of Business

21 Suite, Apt. #, etc.
P.O. Box 356

23 City & State
Clearwater FL

24 Zip
33757-0356

2a. Mailing Address

26 ~~P.O. Box 356~~
 Suite, Apt. #, etc.

27 ~~P.O. Box 356~~
 City & State

28 ~~Clearwater FL~~
 Zip

29 ~~33757-0356~~
 Country

30 ~~USA~~

3. Date Incorporated or Qualified

12/16/1988

4. FEI Number

59-2835112

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DANIEL SCOTT
1100 CLEVELAND ST 900B
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name **Betty Mann**
82 Street Address (P.O. Box Number is Not Acceptable)
1521 Glen Hollow Ln So
83
84 City **Dunedin** **FL** **85** Zip Code **34698**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Betty Mann Treasurer

4/20/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCHOLDERER, SALLY	
STREET ADDRESS	1100 CLEVELAND ST. 900B	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DANIELS, SCOTT	
STREET ADDRESS	1100 CLEVELAND ST 900B	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BETTY MANN	
STREET ADDRESS	1100 CLEVELAND ST. #900-B	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HALVERSON, JEAN	
STREET ADDRESS	1100 CLEVELAND ST 900B	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Betty Mann Treasurer

3/8/98 813.736 2854

CR2E037 (10/97)